PTO/SB/06 (07-06) 1/2007 OMB 0651-0032

Approved for use through 1/31/2007. OMB 0651-0032

U.S. Patent and Trademst Office; U.S. Department of the Paparousis Reduction Act of 1005, no appears are required to respect to a policetion of information unless it items to a policetion of information unless items to a policetion unless items to a police

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/575,845			ing Date 06/2007	To be Mailed
	Al	PPLICATION A	AS FILE	OTHER THAN SMALL ENTITY OR SMALL ENTITY							
⊢	FOR		NUMBER FILED		(Column 2) NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b),	\neg	N/A	.ED NO	N/A	ı	N/A	122(0)		N/A	TLL (0)
	SEARCH FEE (37 CFR 1.16(k), (f),		N/A		N/A	1	N/A			N/A	
	EXAMINATION FE (37 CFR 1.16(a), (p),	E	N/A		N/A	ı	N/A			N/A	
	TAL CLAIMS CFR 1.16(i))		minus 20 = *				x \$ =		OR	x s =	
IND	EPENDENT CLAIM CFR 1,16(h))	S	minus 3 = *			1	x \$ =			x s =	
	APPLICATION SIZE 37 CFR 1.16(s))	FEE shee is \$2 addit	If the specification and drawing sheets of paper, the applicatio is \$250 (\$125 for small entity) additional 50 sheets or fraction 35 U.S.C. 41(a)(1)(G) and 37		on size fee due for each n thereof. See						
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))											
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		ı	TOTAL	L
APPLICATION AS AMENDED – PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY											
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	•	Minus	*	=		x \$ =		OR	x s =	
	Independent (37 CFR 1.16(h))		Minus	***	=	ı	x \$ =		OR	x s =	
	Application Size Fee (37 CFR 1.16(s))										
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
TOT ADD FEE									OR	TOTAL ADD'L FEE	
(Column 1) (Column 2) (Column 3)											
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16(i))		Minus	••	=		x \$ =		OR	x \$ =	
M	Independent (37 CFR 1.16(h))		Minus	***	=		x \$ =		OR	x \$ =	
Ш	Application Size Fee (37 CFR 1.16(s))										
ΑM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					l			OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
If the entry in column 1 is less than the entry in column 2, write 0" in column 3. If the "Highest Number Pervousity Paid For IN THIS SPACE is less than 8.0, enter" 20". If the "Highest Number Pervousity Paid For IN THIS SPACE is less than 3, enter" 3". If the "Highest Number Pervousity Paid For IN THIS SPACE is less than 3, enter 3". If the "Highest Number Pervousity Paid For IN THIS SPACE is less than 5, enter 3".											

This collection of information is equated by 37 CER 1.10. The information is required to obtain or retain a benefit by the public which is in Sife (and by the USETO to noceess) an implication. Confidentiality is governed by 85 US of 22 and 37 CER 1.41. This collection is estimated to state 27 animates to complete in exident graterials, preparing, and submitting the completed application form to the USETO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or segregations form double by sent of the CEMPT (information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrias, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissionment for Patients, P.O., Box 1450, Alexandrias, VA 22313-1450, DR NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissionment for Patients, P.O., Box 1450, Alexandrias, VA 22313-1450, DR NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS.